

PLACER COUNTY DISTRICT ATTORNEY
10810 Justice Center Drive, Suite 240 • Roseville, CA 95678-6231
916-543-8000 • FAX 916 543-2550

RESTITUTION DECLARATION FORM

People vs. _____
Case # _____

[Reimbursement in Criminal Case Only]

I have incurred the following losses in the case of _____ Case # _____
and the enclosed documents support those losses. I understand I may not be entitled in this criminal case to the claims I make here and that the determination will ultimately be made by the Court during the criminal case. (Please indicate in all of the boxes below if the amounts requested are estimates or were paid out of pocket. Please attach additional pages if necessary.)

I) PROPERTY DAMAGE OR LOSS: Replacement or repair cost of stolen or damaged property

| | Describe Property Damaged/Lost | Cost to Replace or Repair |
|----|--------------------------------|---------------------------|
| 1. | | |

Please list any amounts paid by defendant or his/her insurance _____

II) MEDICAL AND MENTAL HEALTH COSTS:

| | Medical Provider or Mental Health Counselor | Cost of Services and/or Co-pay |
|----|---|--------------------------------|
| 1. | | |
| 2. | | |

Please list any amounts paid by defendant or his/her insurance _____

III) LOST WAGES OR PROFITS DUE TO INJURY: Wages or profits lost due to injury incurred. If the victim is a minor, wages or profits lost by the minor's parent(s)/guardian(s), while caring for the injured minor.

| | Employee | Employer | Hourly rate of pay or salary | Number of hours | Total Claim for Lost Wages |
|----|----------|----------|------------------------------|-----------------|----------------------------|
| 1. | | | | | |
| 2. | | | | | |

IV) LOST WAGES OR PROFITS DUE TO TIME SPENT AS A WITNESS OR IN ASSISTING THE POLICE OR PROSECUTION: Wages or profits lost by the victim, and if the victim is a minor, wages or profits lost by the minor's parent(s) or guardian(s), due to time spent as a witness or in assisting the police or prosecution.

| | Employee | Employer | Hourly rate of pay or salary | Number of hours | Total Claim for Lost Wages |
|----|----------|----------|------------------------------|-----------------|----------------------------|
| 1. | | | | | |
| 2. | | | | | |

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V) COSTS RELATED TO INCREASING SECURITY: Expenses to install or increase residential security related to a crime, including but not limited to a home security device or system, or replacing/increasing locks.

| | Describe | List Cost |
|----|-----------------|------------------|
| 1. | | |

VI) COSTS OF RETROFITTING A RESIDENCE OR CAR: Expenses to retrofit a residence/vehicle to make accessible to or vehicle operational by the victim if she/he has been rendered disabled as a direct result of the crime.

| | Describe | List Cost |
|----|-----------------|------------------|
| 1. | | |

VII) OTHER:

| | Describe | Total requested |
|----|-----------------|------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

Date: _____

Victim: _____

Signature

Print Name

Address

Please Note: A Court may order disclosure of this form and supporting documents or it may be necessary to present it in a court of law, open to the public. It is a crime in California to prepare or allow a document to be produced in court for any fraudulent or deceitful purpose.